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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Michael First name J Middle name Poremskis Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9181 | |

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Debtor 1 Michael J Poremskis

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 101 S Willow Ln Glenwood, IL 60425 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | PO Box 528383 | |
| | | Chicago, IL 60652 Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 5. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Michael J Poremskis

Case number (if known)

| Par | Tell the Court About | Your Ba | nkruptcy Ca | ise | | | |
|-------|--|---------|---------------------------------|-------------------------------------|---|---|------------------------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required by</i> f page 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for te box. | r Bankruptcy |
| | choosing to file under | ■ Ch | apter 7 | | | | |
| | | ☐ Ch | apter 11 | | | | |
| | | ☐ Ch | apter 12 | | | | |
| | | ☐ Ch | apter 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | (| about how yo | ou may pay. Туր attorney is sub | pically, if you are paying the fee y | ck with the clerk's office in your local court fourself, you may pay with cash, cashier's chalf, your attorney may pay with a credit car | heck, or money |
| | | | | | stallments. If you choose this option to (Official Form 103A). | ion, sign and attach the Application for Indiv | iduals to Pay |
| | | | ū | | , | on only if you are filing for Chapter 7. By law | v, a judge may, |
| | | | but is not req applies to yo | uired to, waive ur family size a | your fee, and may do so only if y nd you are unable to pay the fee | our income is less than 150% of the official in installments). If you choose this option, y icial Form 103B) and file it with your petition | poverty line that ou must fill out |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | |
| | last 8 years? | ☐ Yes | | | 140- | 0 | |
| | | | District | | When | | |
| | | | District | | When When | Case number | |
| | | | District | | when | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business | ☐ Yes | s. | | | | |
| | partner, or by an affiliate? | | | | | | |
| | annate: | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11 | Do you rent your | | Go to I | ine 12. | | | |
| • • • | residence? | ■ No. | | | | | |
| | | ☐ Yes | . , | | ained an eviction judgment again | st you? | |
| | | | | No. Go to line | | | |
| | | | | Yes. Fill out Ir. this bankrupto | | Judgment Against You (Form 101A) and fil | le it as part of |
| | | | | | | | |

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Case number (if known) Desc Main

Case number (if known) Debtor 1 Michael J Poremskis

| art | 3: Report About Any Bu | sinesses ` | You Own as a Sole Propri | etor | | | | |
|------|---|------------------------|---|---|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and location of bu | siness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, St | ate & ZIP Code | | | | |
| | it to this petition. | | Check the appropriate b | ox to describe your business: | | | | |
| | | | ☐ Health Care Bus | iness (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | ☐ Stockbroker (as) | defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | ☐ Commodity Brok | er (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | ☐ None of the above | ve | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadlines operation | s. If you indicate that you are | ng under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure | | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Part | A: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | | | | |
| | <u> </u> | | Tiazardous Froperty of A | Troporty mac recess miniculate Attention | | | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is the hazard? | | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |

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Debtor 1 Michael J Poremskis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-21525 Doc 1 Filed 07/31/18 Entered 07/31/18 16:44:07 Desc Main Document Page 6 of 47 Case number (if known) Debtor 1 Michael J Poremskis Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael J Poremskis

Signature of Debtor 2

Michael J Poremskis Signature of Debtor 1 Case 18-21525 Doc 1 Filed 07/31/18 Entered 07/31/18 16:44:07 Desc Main Document Page 7 of 47

Debtor 1 Michael J Poremskis Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Thomas G. Stahulak | Date | July 31, 2018 |
|---|---------------|-------------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Thomas G. Stahulak 6288620 Printed name | | |
| Stahulak & Associates, L.L.C. / GetFiled | | |
| 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 662-1480 | Email address | ecf@stahulakandassociates.com |
| 6288620 IL | | |
| Bar number & State | | |

| | | Docume | ent Page 8 of 47 | |
|--------------------|--------------------------|-------------------|------------------|---------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Michael J Porems | kis | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets | | |
|-----|---|-------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 365.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 365.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 40,698.00 |
| | Your total liabilities | \$ | 40,698.00 |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 808.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 820.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| 7. | Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 1 Michael J Poremskis Document Page 9 of 47
Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$_____0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort A on Schoolule E/E compaths following: | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fill in this infor | | ur case and this filing: | | | |
|--|--|--|--|----------------------|---|
| | mation to identify yo | | | | |
| Debtor 1 | Michael J Poren | nskis | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| | | e: NORTHERN DISTRICT O | | | |
| Offica Otates De | ankruptcy Court for the | NORTHERN DIOTRIOT O | - ILLINOIS | | |
| Case number _ | | | | | Check if this is an |
| | | | | | amended filing |
| Official Fa | **** 100 \ /D | | | | |
| _ | orm 106A/B | | | | |
| | e A/B: Pro | <u>. , , , , , , , , , , , , , , , , , , ,</u> | | | 12/15 |
| think it fits best. E information. If mor Answer every ques | Be as complete and accure space is needed, atta stion. | urate as possible. If two married | ice. If an asset fits in more than one category, list to people are filing together, both are equally respons. On the top of any additional pages, write your name of the country of the c | sible for supply | ring correct |
| | | | | | |
| 1. Do you own or l | have any legal or equita | able interest in any residence, bu | uilding, land, or similar property? | | |
| No. Go to Pa | rt 2. | | | | |
| ☐ Yes. Where i | is the property? | | | | |
| | | | | | |
| | Your Vehicles | | | | |
| Do you own, lea someone else dri | se, or have legal or e | nicle, also report it on Schedule | icles, whether they are registered or not? Incl e G: Executory Contracts and Unexpired Leases | | les you own that |
| Do you own, lea someone else dri 3. Cars, vans, tr | se, or have legal or e | | e G: Executory Contracts and Unexpired Leases | | es you own that |
| Do you own, leasomeone else dri Cars, vans, tr | se, or have legal or e | nicle, also report it on Schedule | e G: Executory Contracts and Unexpired Leases | | les you own that |
| Do you own, lea someone else dri 3. Cars, vans, tr | se, or have legal or e | nicle, also report it on Schedule | e G: Executory Contracts and Unexpired Leases | | es you own that |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai | se, or have legal or e ves. If you lease a veh rucks, tractors, sport | nicle, also report it on Schedule utility vehicles, motorcycles | e G: Executory Contracts and Unexpired Leases | | les you own that |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai | se, or have legal or e ves. If you lease a veh rucks, tractors, sport | nicle, also report it on Schedule utility vehicles, motorcycles | e G: Executory Contracts and Unexpired Leases s al vehicles, other vehicles, and accessories | | les you own that |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa | se, or have legal or e ves. If you lease a veh rucks, tractors, sport | nicle, also report it on Schedule utility vehicles, motorcycles | e G: Executory Contracts and Unexpired Leases s al vehicles, other vehicles, and accessories | | les you own that |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa | se, or have legal or e ves. If you lease a veh rucks, tractors, sport | nicle, also report it on Schedule utility vehicles, motorcycles | e G: Executory Contracts and Unexpired Leases s al vehicles, other vehicles, and accessories | | les you own that |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa | se, or have legal or eves. If you lease a vehouse, tractors, sport fucks, tractors, motor homes, ats, trailers, motors, pe | nicle, also report it on Schedule utility vehicles, motorcycles at the control of | e G: Executory Contracts and Unexpired Leases al vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories | | |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa No Yes Add the dolla | se, or have legal or eves. If you lease a vehoucks, tractors, sport ircraft, motor homes, ats, trailers, motors, pear value of the portio | nicle, also report it on Schedule utility vehicles, motorcycles ATVs and other recreational ersonal watercraft, fishing vess | e G: Executory Contracts and Unexpired Leases s al vehicles, other vehicles, and accessories | | les you own that |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa No Yes Add the dolla pages you ha | se, or have legal or eves. If you lease a vehoucks, tractors, sport fucks, tractors, motor homes, ats, trailers, motors, per ar value of the portion ave attached for Part | an icle, also report it on Schedule utility vehicles, motorcycles and other recreational ersonal watercraft, fishing vess on you own for all of your entersonal water number here | e G: Executory Contracts and Unexpired Leases al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories tries from Part 2, including any entries for | | |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa No Yes Add the dolla pages you ha | se, or have legal or eves. If you lease a vehous, tractors, sport fucks, tractors, sport fucks, tractors, motor homes, ats, trailers, motors, per ar value of the portion ave attached for Part | nicle, also report it on Schedule utility vehicles, motorcycles ATVs and other recreational ersonal watercraft, fishing vess on you own for all of your end 2. Write that number here | e G: Executory Contracts and Unexpired Leases al vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories tries from Part 2, including any entries for | | \$0.00 |
| Do you own, leasomeone else dri 3. Cars, vans, tr No Yes 4. Watercraft, ai Examples: Boa No Yes 5 Add the dolla pages you ha Part 3: Describe Do you own or | se, or have legal or eves. If you lease a vehous, tractors, sport rucks, tractors, sport rucks, tractors, motor homes, ats, trailers, motors, per ar value of the portion ave attached for Part ryour Personal and Hohave any legal or equi | anicle, also report it on Schedule utility vehicles, motorcycles and other recreational ersonal watercraft, fishing vess an you own for all of your enter 2. Write that number here | e G: Executory Contracts and Unexpired Leases al vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories tries from Part 2, including any entries for | Curr port Do r | |
| Do you own, leasomeone else dri 3. Cars, vans, tr No Yes 4. Watercraft, ai Examples: Boa No Yes 5 Add the dolla pages you ha Part 3: Describe Do you own or 6. Household gr Examples: Ma | se, or have legal or eves. If you lease a vehous, tractors, sport rucks, tractors, sport rucks, trailers, motors, pear value of the portion ave attached for Part average and legal or equipoods and furnishings agor appliances, furniture. | anicle, also report it on Schedule utility vehicles, motorcycles and other recreational ersonal watercraft, fishing vess an you own for all of your enter 2. Write that number here | e G: Executory Contracts and Unexpired Leases al vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories tries from Part 2, including any entries for | Curr port Do r | \$0.00 rent value of the ion you own? not deduct secured |
| Do you own, leasomeone else dri Cars, vans, tr No Yes Watercraft, ai Examples: Boa No Yes Add the dolla pages you ha Part 3: Describe Do you own or Household ge Examples: Ma | se, or have legal or eves. If you lease a vehous, tractors, sport rucks, tractors, sport rucks, trailers, motors, pear value of the portion ave attached for Part average and legal or equipoods and furnishings agor appliances, furniture. | anicle, also report it on Schedule utility vehicles, motorcycles and other recreational ersonal watercraft, fishing vess an you own for all of your enterest. Write that number here | e G: Executory Contracts and Unexpired Leases al vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories tries from Part 2, including any entries for | Curr port Do r | \$0.00 rent value of the ion you own? not deduct secured |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

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Case number (if known) Document Debtor 1 Michael J Poremskis 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 Used personal clothing and accessories 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$300.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash on hand \$25.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes.....

Case 18-21525

Doc 1

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Desc Main

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Case number (if known) Document Debtor 1 Michael J Poremskis Midwest Bank \$40.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. $\hfill \square$ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Case number (if known) Document Debtor 1 Michael J Poremskis 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No $\hfill \square$ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$65.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

page 4

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| | | | _ | _ | |
|------|---|-----------|-------------|------------------------------|-------------|
| 53. | Do you have other property of any kind you did not already Examples: Season tickets, country club membership | list? | | | |
| | No | | | | |
| | Yes. Give specific information | | | | |
| | | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write | te that r | number here | | \$0.00 |
| | | | | | |
| Part | 8: List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$0.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$300.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$65.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | | \$365.00 | Copy personal property total | al \$365.00 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

Debtor 1

\$365.00

| | Out | DC 10 21020 D00 . | Document | <u> </u> | Page 15 of 47 | - Description | |
|---|---|---|--|---|--|--|--|
| Fil | I in this inform | ation to identify your case: | | | | | |
| De | ebtor 1 | Michael J Poremskis | | | | | |
| De | ebtor 2 | First Name | Middle Name | L | Last Name | | |
| | ouse if, filing) | First Name | Middle Name | L | Last Name | | |
| Un | nited States Ban | kruptcy Court for the: NOR | THERN DISTRICT OF | ILLIN | OIS | | |
| Ca | ase number | | | | | | |
| | known) | | | | | ☐ Check if this is an amended filing | |
| O | fficial For | m 106C | | | | | |
| S | chedule | C: The Prope | rty You Cla | aim | as Exempt | 4/16 | |
| the nee cas For spe any fun | property you liseded, fill out and the number (if known each item of pecific dollar amy applicable stands—may be ur | ted on Schedule A/B: Property attach to this page as many count). property you claim as exempount as exempt. Alternative itutory limit. Some exemptical limited in dollar amount. Ho | y (Official Form 106A/B) copies of Part 2: Addition of, you must specify the ly, you may claim the forms—such as those for owever, if you claim ar |) as yo nal Pa ne amo full fa r heal n exer | our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. (ir market value of the property be thaids, rights to receive certain be on the property of the pr | additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement | |
| | • • | statutory amount. the Property You Claim as | Exempt | | | | |
| 1. | Which set of | exemptions are you claiming | g? Check one only, eve | n if yo | our spouse is filing with you. | | |
| | ■ You are cla | iming state and federal nonba | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | |
| | ☐ You are cla | iming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | |
| 2. | For any prope | erty you list on Schedule A/I | S that you claim as exe | empt, | fill in the information below. | | |
| | | | | ount of the exemption you claim | Specific laws that allow exemption | | |
| | Schedule A/B t | nat lists this property | portion you own Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | | al household furniture and | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | |
| | goods/items Line from <i>Sch</i> | edule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | al clothing and accessorie | s \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) | |
| | Line from Sch | edule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash on han | | \$25.00 | | \$25.00 | 735 ILCS 5/12-1001(b) | |
| | Line from Sch | edule A/B: 16.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Checking: M | | \$40.00 | | \$40.00 | 735 ILCS 5/12-1001(b) | |
| | Line from Sch | Line from Schedule A/B: 17.1 | | 100% of fair market value, up to any applicable statutory limit | | | |
| 3. | | ing a homestead exemption ustment on 4/01/19 and every | | | iled on or after the date of adjustmer | nt.) | |

■ No

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

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Page 16 of 47 Case number (if known) Debtor 1 Michael J Poremskis

| Fill in this inforr | | | | | |
|---|------------|-------------------|-------------|--|---------------------|
| Debtor 1 | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | | Documer | nt Page 1 | 8 of 47 | | |
|--------------------------|--|---|---|--|---|--|--|
| Fill i | n this inforn | nation to identify your | case: | | | | |
| Debt | for 1 | Michael J Poremsk | ris | | | | |
| 200 | .0. 1 | First Name | Middle Name | Last Name | | | |
| Debt | | | | | | | |
| (Spou | se if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | |
| | | | | | | | |
| Case (if kno | e number _ | | | | | | Shook if this is an |
| (II KIIO | wiii) | | | | | _ | Check if this is an Imended filing |
| | | | | | | | monded ming |
| Offi | cial Forn | n 106E/F | | | | | |
| Sch | nedule E | /F: Creditors W | ho Have Unsecu | red Claims | | | 12/15 |
| Sched Sched eft. A | dule G: Execu dule D: Credit ttach the Con and case nur | tory Contracts and Unexp ors Who Have Claims Sec | that could result in a claim. ired Leases (Official Form 10 ured by Property. If more spale. If you have no information | 6G). Do not include ice is needed, copy | any creditors with p the Part you need, fi | partially secured claims Il it out, number the en | that are listed in tries in the boxes on the |
| | | ors have priority unsecure | | | | | |
| | No. Go to P | | a diamis agamet your | | | | |
| _ | _ | ail 2. | | | | | |
| Part | Yes. | I of Your NONPRIORIT | V Unacquired Claims | | | | |
| | | | | | | | |
| | _ | | cured claims against you? | | | | |
| L | → No. You hav | ve nothing to report in this p | art. Submit this form to the cour | rt with your other sche | edules. | | |
| ı | Yes. | | | | | | |
| 4. L | ist all of your | nonpriority unsecured cl | aims in the alphabetical orde | r of the creditor who | holds each claim. | f a creditor has more tha | an one nonpriority |
| t t | insecured clair | n, list the creditor separately | y for each claim. For each claim ist the other creditors in Part 3.I | n listed, identify what t | ype of claim it is. Do i | not list claims already ind | cluded in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | Capital (| One | Last 4 digits of | of account number | 1637 | | \$4,516.00 |
| | | Creditor's Name | | | | | Ψ 1,0 10.00 |
| | | nkruptcy | 1811 | | Opened 11/01 | Last Active | |
| | Po Box | 30285 e City, UT 84130 | When was the | e debt incurred? | 2/03/16 | | _ |
| | | treet City State Zlp Code | As of the date | you file, the claim | s: Check all that appl | ly | |
| | Who incu | rred the debt? Check one. | | | | | |
| | Debtor | 1 only | ☐ Contingent | t | | | |
| | ☐ Debtor | 2 only | ☐ Unliquidate | | | | |
| | | 1 and Debtor 2 only | □ Disputed | | | | |
| | | t one of the debtors and and | _ ' | PRIORITY unsecure | d claim: | | |
| | | if this claim is for a com | | ans | | | |
| | debt | | ☐ Obligations | | ration agreement or o | divorce that you did not | |
| | _ | m subject to offset? | report as priori | • | | | |
| | ■ No | | · | • | g plans, and other sir | milar debts | |
| | ☐ Yes | | Other. Spe | cify Credit Card | | | _ |
| | | | | | | | |

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Debtor 1 Michael J Poremskis Case number (if know) 4.2 \$528.00 Citibank/Sears Last 4 digits of account number 5660 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/15 Last Active Po Box 6275 When was the debt incurred? 1/21/16 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.3 Franciscan Alliance, Inc Last 4 digits of account number \$3,224.00 Nonpriority Creditor's Name When was the debt incurred? 37653 Eagle Way Chicago, IL 60678 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical ☐ Yes 4.4 Home Depot Credit Services Last 4 digits of account number \$5,000.00 Nonpriority Creditor's Name When was the debt incurred? **Processing Center** Des Moines, IA 50364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card ☐ Yes

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| Michael J Poremskis | Case number (if know) | |
|---|--|------------|
| Little Company of Mary Hospital | Last 4 digits of account number | \$120.00 |
| 2800 W. 95th St. Evergreen Park, IL 60805 | When was the debt incurred? | |
| Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| J No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify medical | |
| Mount Sinai Hospital | Last 4 digits of account number | \$180.00 |
| Ionpriority Creditor's Name 905 Paysphere Circle Chicago, IL 60674 | When was the debt incurred? | |
| lumber Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Vho incurred the debt? Check one. | , | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify medical | |
| Dak Forest Hospital | Last 4 digits of account number | \$1,111.00 |
| Ionpriority Creditor's Name 5900 S. Cicero Ave. | When was the debt incurred? | |
| Dak Forest, IL 60452 Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | ■ Other. Specify medical | |

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| Debt | or 1 Michael J Poremskis | | Case number (if know) | |
|----------|--|--|---|-------------|
| 4.8 | Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 4245 | \$11,722.00 |
| | Po Box 41021 Norfolk, VA 23541 | When was the debt incurred? | Opened 11/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify National As | company Account U.S. Bank sociation | |
| 4.9 | Portfolio Recovery | Last 4 digits of account number | 3827 | \$650.00 |
| | Nonpriority Creditor's Name Po Box 41021 Norfolk, VA 23541 | When was the debt incurred? | Opened 09/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Factoring C | Company Account Citibank N.A. | |
| 4.1 0 | Us Bank | Last 4 digits of account number | 2715 | \$2,861.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5229 | When was the debt incurred? | Opened 11/14 Last Active 6/18/15 | |
| | Cincinnati, OH 45201 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Check Cred | dit Or Line Of Credit | |
| | | | | |

Document Page 22 of 47 Case number (if know) Debtor 1 Michael J Poremskis 4.1 US Bank/RMS CC 6669 \$10,786.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/12 Last Active When was the debt incurred? 2/01/16 Po Box 5229 Cincinnati, OH 45201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Check Credit Or Line Of Credit ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? BLITT & GAINES P C Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 661 GLENN AVE□ Part 2: Creditors with Nonpriority Unsecured Claims Wheeling, IL 60090 Last 4 digits of account number 0559 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank NA Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 701 E 60th St North Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Franciscan Health Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 20201 South Crawford Avenue Part 2: Creditors with Nonpriority Unsecured Claims Olympia Fields, IL 60461 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Home Depot/CitiBank Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO BOX 6497 Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Little Company of Mary Hospital Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 97677 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60678 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Mount Sinai Hospital Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 36465 Network Place Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60673 Last 4 digits of account number

Mount Sinai Hospital Line 4.6 of (Check one): 26465 Network Place Chicago, IL 60673

☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

On which entry in Part 1 or Part 2 did you list the original creditor?

Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address

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| Debtor 1 Michael J Poremskis | | Case number (if know) |
|--|---|--|
| US Bank 425 Walnut St. Cincinnati, OH 45202-3956 | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Gilloninati, Gil 40202 0000 | Last 4 digits of account number | |
| Name and Address | • | 2 did you list the original creditor? |
| US Bank | Line $\underline{4.8}$ of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| PO BOX 1800 Saint Paul, MN 55101 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part | 2 did you list the original creditor? |
| US BANK NATIONAL | Line $\underline{4.8}$ of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| ONE HOME CAMPUS MAC X2302 04C Des Moines, IA 50328 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Des Montes, IA 30320 | Last 4 digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 7 | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Fotal Claim |
| Total claims | | | | · | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 40,698.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 40,698.00 |

| | | 120021111 | 3H + 1000 | |
|---|-------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Michael J Porems | kis | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | 0.1.5 | | 0.0.0 | 2.1. 0000 | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | - ity | | Cidio | | |

| | | Docume | nt Page 25 d |)T 4 / | |
|---|--|--|--|---|---|
| Fill in this i | information to identify your | | | | |
| Debtor 1 | Michael J Porems | kis | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| | | NORTHERN DISTRICT | | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | per | | | | Charle if this is an |
| (ii Kilowii) | | | | | Check if this is an amended filing |
| | | | | | · · |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| No Yes 2. With Arizona No. Yes. 3. In Coluin line Form 1 | 2 again as a codebtor only i 106D), Schedule E/F (Officia | u lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live cors. Do not include your f that person is a guaran | operty state or territor erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make | y? (Community property sington, and Wisconsin.) if your spouse is filing value you have listed the | etates and territories include with you. List the person shown creditor on Schedule D (Official |
| | llumn 2. Column 1: Your codebtor | | | Column 2: The credi | tor to whom you owe the debt |
| | lame, Number, Street, City, State and Z | IP Code | | Check all schedules | |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street | 0 | 710.0 | _ | |
| C | City | State | ZIP Code | | |
| | | | | Cabadula D. Car | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | , |
| <u> </u> | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| E:11 | in this information to identify you | | | | | • | | | | |
|----------------|--|--|--|------------------------|---------------|---------------------------------------|--|---|------------------------------|--------------------------------------|
| | in this information to identify you btor 1 Michael J | | | | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | | |
| Uni | ted States Bankruptcy Court for t | he: NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| O Se a sup spo | fficial Form 106l chedule I: Your In as complete and accurate as populying correct information. If yourse. If you are separated and your assential separate sheet to this form | pssible. If two married pec ou are married and not fill our spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse i ide inforr | s liv nati | A A A A A A A A A A A A A A A A A A A | 3 income a IM / DD/ Y tor 2), bor you, include your spoure | d filing ent showin as of the fo YYYY th are equ ude inform ouse. If mo | nation about ore space is | 12/15 ible for your needed, |
| | Describe Employment | | | | | | , | | | 1 |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fi | ling spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status Occupation | ☐ Employed ■ Not employed | | | | ☐ Emplo | - | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include studer or homemaker, if it applies. | t Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Esti | mate monthly income as of the use unless you are separated. | | you have nothing to | report for | any | line, write | s \$0 in the | space. Inc | clude your nor | n-filing |
| | u or your non-filing spouse have e space, attach a separate sheet | | ombine the information | on for all e | mpl | oyers for | that perso | n on the li | nes below. If y | you need |
| | | | | | | For Del | otor 1 | | btor 2 or ng spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthl | • | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly over | ertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add | line 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

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| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. If it | Deb | tor 1 | Michael J Poremskis | _ | Case | e number (if known) | | | |
|---|-----|-------------------|--|----------|-------|---------------------|-------|--------------|--------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for velocity for | | 0 | or Proc. Alberta | 4 | | | non-f | iling spouse | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5c. Required repayments of retirement fund loans 5c. Social Security 5c. In June 1997 5c. Domestic support obligations 5c. Social Security 5c. Add the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 5c. Add the payroll deductions. Add lines 5s+5b+5c+5d+5e+5f+5g+5h. 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 5c. Social Security 5c. Social Se | | Cop | y line 4 here | 4. | \$_ | 0.00 | \$ | N/A | |
| 55. Mandatory contributions for retirement plans 50. \$ 0.00 \$ N/A | 5. | List | all payroll deductions: | | | | | | |
| 5-0 Soluntary contributions for retirement planes 5-1 Soluntary Solution So | | 5a. | · · · · · · · · · · · · · · · · · · · | 5a. | | 0.00 | \$ | | |
| 56. Required repayments of retirement fund loans 56. Insurance 56. S 0.0.00 S N/A 56. Domestic support obligations 57. Domestic support obligations 58. In India of the deductions. Specify: 58. O.000 S N/A 59. Union dues 59. Union dues 59. Union dues 59. S 0.0.00 S N/A 59. N/A 59. O.000 S N/A 50. O.000 S N/A 50. O.000 S N/A 50. O.000 S N/A 50. O.00 | | | | 5b. | | 0.00 | · · | | |
| 56. Insurance 57. Domestic support obligations 57. Sp. Sp. Sp. O.000 Sp. N/A 58. Union dues 58. Sp. Sp. Sp. O.000 Sp. N/A 59. Union dues 58. Sp. Sp. Sp. O.000 Sp. N/A 59. Union dues 58. Sp. Sp. O.000 Sp. N/A 70. Calculate total monthly take-home pay. Subtract line 6 from line 4. To Sp. O.000 Sp. N/A 71. Calculate total monthly take-home pay. Subtract line 6 from line 4. To Sp. O.000 Sp. N/A 72. Calculate total monthly take-home pay. Subtract line 6 from line 4. To Sp. O.000 Sp. N/A 83. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. Sp. O.000 Sp. N/A 8b. O.000 Sp. N/A 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linctude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Sp. O.000 Sp. N/A 8c. Sp. | | 5c. | | 5c. | \$_ | 0.00 | \$ | N/A | |
| 56. Domestic support obligations 59. Union dues 59. Union dues 59. 0.000 \$ N/A 50. Other deductions. Specify: 50. Nother deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 60. \$ 0.000 \$ N/A 70. Calculate total monthly take-home pay. Subtract line 6 from line 4. 70. \$ 0.000 \$ N/A 81. List all other income regularly received: 82. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 85. Interest and dividends 86. \$ 0.000 \$ N/A 86. Family support payments that you, a non-filling spouse, or a dependent regularly receive include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 86. Unemployment compensation 86. Social Security 86. Other government assistance that you regularly receive 10. Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 87. \$ 0.000 \$ N/A 89. Pension or retirement income. 89. Other monthly income. Specify: 80. Add all other income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h. 89. \$ 0.000 \$ N/A 89. Pension or retirement income 89. Other monthly income. Add lines 7 + line 9. 80. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 80. Specify: link 81. The specific spe | | 5d. | Required repayments of retirement fund loans | 5d. | | 0.00 | \$ | | |
| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. \$ 0.00 | | | | | | | \$ | | |
| 5h. Other deductions. Specify: 5h. 4 \$ 0.00 + \$ N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5h. 6. \$ 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (fi known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 186.0 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Specify: 13. Do you expect an increase or decrease within the year after you file this form? | | | | | | 0.00 | \$ | | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5g+5f+5g+5h. 6. \$ 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. S 0.00 \$ N/A 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. \$ 622.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+gc-1 and path you receive include and you receive. Such as food stamps (benefits under the Supplemental Nutrition Assistance) and the path you receive you have been dead to the path you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance) and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance) and the prime of the supplemental Nutrition Assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Assistance and the value (if known) of any | | | | 5g. | \$_ | | \$ | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increst and dividends 8b. \$ 0.00 \$ N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as lood stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8f. \$ 186.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 808.00 \$ N/A 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income. No. 2 N/A 11. +\$ 0.00 Combined monthly income. No. 2 N/A 12. \$ 0.00 Poyou expect an increase or decrease within the year after you file this form? | | 5h. | Other deductions. Specify: | 5h | + \$_ | 0.00 | + \$ | N/A | |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8c. \$ 0.00 \$ N/A 8e. Social Security 8c. \$ 0.00 \$ N/A 8e. \$ 622.00 \$ N/A 8e. Social security 8c. \$ 622.00 \$ N/A 8d. Unemployment compensation 8d. \$ 186.00 \$ N/A 8d. Provide cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. Pension or retirement income 8d. \$ 186.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: No. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | N/A | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 622.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 186.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$ 808.00 \$ N/A 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 0.00 | \$ | N/A | |
| monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: link 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 8. | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: [ink] 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h.+ \$ 0.00 \$ N/A 8h. Other monthly income. Add line 7 + line 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? | | | monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 186.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4s 0.00 Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8b. | | | \$ | 0.00 | \$ | N/A | |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 186.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 9. Add all other income. Add line 8 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 808.00 | | 8c. | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | \$ | 0.00 | \$ | N/Δ | |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 186.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. \$ 0.00 \$ N/A 9. \$ 808.00 \$ N/A 8h. \$ 0.00 \$ N/A 8h. \$ 0 | | 84 | | | . – | | | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Iink 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 186.00 \$ N/A 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | | | | . – | | · · | | |
| 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 808.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 808.00 Combined monthly income | | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: link | e 8f. | \$_ | 186.00 | · - | N/A | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\\ 808.00 \\\$ \\ N/A \\ 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 12. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | - | | | · - | | · · | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 808.00 Combined monthly income No. | | | | | | 0.00 | | | 7 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 808.00 | \$ | N/A | |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | 3 | 808 00 + \$ | | N/A = \$ | 808 00 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | | • | Ľ | | 000.00 | | | 000.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\\$ 808.00\$ Combined monthly income No. | 11. | Incluothe Do r | ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not | deper | | | • | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certa | | | | | 12. \$ | 808.00 |
| ■ No. | 13. | Do | you expect an increase or decrease within the year after you file this form | 1? | | | | | |
| | | | No. | | | | | | |

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| Fill in | n this information | n to identify yo | our case: | | | | | |
|----------------|--|------------------|-----------------|--|--|-------------|------------------------------------|---|
| Debte | or 1 <u>N</u> | lichael J Po | remskis | | | Che | eck if this is: An amended filing | |
| Debte | or 2 use, if filing) | | | | | | A supplement sho | wing postpetition chapter the following date: |
| Unite | ed States Bankrupt | cy Court for the | : NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Case (If kn | e number own) | | | | | | | |
| Of | ficial Forr | n 106J | | | | | | |
| Sc | hedule J | : Your | Exper | ises | | | | 12/1 |
| info | | e space is ne | eded, atta | . If two married people ar ch another sheet to this n. | | | | |
| Part | 1: Describe | Your House | hold | | | | | |
| 1. | ■ No. Go to lir | ne 2. | in a conorr | ate household? | | | | |
| | | Jebioi 2 live | iii a sepai | ate nousenoid: | | | | |
| | □ No □ Yes. | Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of De | btor 2. | |
| 2. | Do you have d | ependents? | ■ No | | | | | |
| | Do not list Debt Debtor 2. | or 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | | | □ No |
| | dependents na | mes. | | | | | | Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □No |
| | | | | | | | | ☐ Yes |
| 3. | Do your exper expenses of p yourself and y | eople other t | han $_{m \Box}$ | No Yes | | | | |
| Part | 2: Estimate | Your Ongoi | na Monthi | v Fynenses | | | | |
| Esti | mate your expe | enses as of ye | our bankrı | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the v | | ssistance an | | government assistance i luded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| 4. | The rental or h | | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 200.00 |
| | If not included | in line 4: | | | | | | |
| | 4a. Real esta | ate taxes | | | | 4a. | \$ | 0.00 |
| | 4b. Property | homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | | | | ipkeep expenses | | 4c. | · | 0.00 |
| E | | | | dominium dues | ma aquitu la ara | 4d. | · | 0.00 |
| 5. | Additional Mo | riyaye payme | ento for yo | our residence, such as ho | me equity loans | 5. | Φ | 0.00 |

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| | Michael J Poremskis | Case num | ber (if known) | |
|---------------------------|---|-------------------|---------------------------------------|--------------------------|
| 1 14:11:41 | lea | | _ | |
| i. Utiliti 6a. | les: Electricity, heat, natural gas | 6a. | \$ | 100.00 |
| 6b. | e de la companya de | 6b. | | |
| | Water, sewer, garbage collection | | · | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 30.00 |
| 6d. | Other. Specify: | 6d. | · | 0.00 |
| Food | d and housekeeping supplies | 7. | \$ | 350.00 |
| Child | dcare and children's education costs | 8. | \$ | 0.00 |
| Cloth | ning, laundry, and dry cleaning | 9. | \$ | 20.00 |
|). Perso | onal care products and services | 10. | \$ | 20.00 |
| . Medio | cal and dental expenses | 11. | \$ | 0.00 |
| | sportation. Include gas, maintenance, bus or train fare. | | • | |
| | ot include car payments. | 12. | \$ | 100.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | itable contributions and religious donations | 14. | \$ | 0.00 |
| . Insur | • | | – | |
| | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | | 0.00 |
| | Vehicle insurance | 15c. | · | 0.00 |
| | | | · | |
| | Other insurance. Specify: | 15d. | Ψ | 0.00 |
| 5. Taxes Speci | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | 16. | ¢ | 0.00 |
| | • | 16. | \$ | 0.00 |
| | illment or lease payments: | 47- | c | 0.00 |
| | Car payments for Vehicle 1 | 17a. | · | 0.00 |
| | Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not repo | | • | 0.00 |
| | icted from your pay on line 5, Schedule I, Your Income (Official Form 1 | 06I). 18. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| Other | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Speci | • | 19. | | |
| | r real property expenses not included in lines 4 or 5 of this form or on | | | |
| 20a. | Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. | | 0.00 |
| | r. Specify: | 21. | · | 0.00 |
| . Julei | r: Specily. | | - φ | 0.00 |
| 2. Calcu | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 820.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | SJ-2 | \$ | |
| | | | · | |
| 22C. F | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 820.00 |
| 3. Calcı | ulate your monthly net income. | | | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 808.00 |
| | Copy your monthly expenses from line 22c above. | 23b. | | 820.00 |
| ۷۵۵. | OOP) your monthly expenses nom line 220 above. | 200. | | 020.00 |
| 230 | Subtract your monthly expenses from your monthly income | | | |
| ∠30. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | -12.00 |
| | The result is your monthly net income. | 200. | * | |
| | | | | |
| | Ou expect an increase or decrease in your expenses within the year af | ter vou file this | form? | |
| 4. Do yo | ou expect an increase or decrease in your expenses within the year aft | | | or decrease because of a |
| 4. Do yo For ex | ou expect an increase or decrease in your expenses within the year aft xample, do you expect to finish paying for your car loan within the year or do you expect ication to the terms of your mortgage? | | | or decrease because of a |
| 4. Do yo For ex | xample, do you expect to finish paying for your car loan within the year or do you expectication to the terms of your mortgage? | | | or decrease because of a |

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| Fill in this info | rmation to identify your | case: | | | | |
|---------------------|----------------------------|--------------------------|---------------|------------------------|------------------|---|
| Debtor 1 | Michael J Poremsl | kis | | | | |
| | First Name | Middle Name | La | st Name | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | La | st Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINC | OIS | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Official For | m 106Doo | | | | | |
| Official For | | | | | | |
| Declara | tion About a | ın Individua | I Debt | or's Sched | dules | 12/15 |
| | | | | | | |
| If two married p | eople are filing together | r, both are equally resp | onsible for s | supplying correct inf | formation. | |
| You must file th | is form whenever you fi | le hankruntev schedule | s or amond | ad schadulas Makir | na a falso state | ement, concealing property, or |
| obtaining mone | ev or property by fraud in | n connection with a bar | s or amend | se can result in fines | s up to \$250.00 | 00, or imprisonment for up to 20 |
| | 18 U.S.C. §§ 152, 1341, 1 | | .,, | | | , |
| | | | | | | |
| | | | | | | |
| Sig | gn Below | | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | orney to help | you fill out bankrup | ptcy forms? | |
| ■ No | | | | | | |
| - | | | | | | |
| ☐ Yes. | Name of person | | | | | kruptcy Petition Preparer's Notice, |
| | | | | | Declaration | n, and Signature (Official Form 119) |
| | | | | | | |
| | alty of perjury, I declare | that I have read the sur | nmary and s | schedules filed with | this declaration | on and |
| that they a | re true and correct. | | | | | |
| X /s/ Mic | chael J Poremskis | | Х | | | |
| | el J Poremskis | | | Signature of Debtor | · 2 | |
| Signatu | ure of Debtor 1 | | | - | | |
| Doto | lul. 24 2040 | | | Doto | | |
| Date | July 31, 2018 | | | Date | | |

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| | | mation to identify you | | | | |
|--------------|-----------------|--|--|--|--|---|
| Deb | otor 1 | Michael J Porem | Skis Middle Name | Last Name | | |
| Deb | otor 2 | Thorreamo | Middle Name | Edot Namo | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | se number | | | | | |
| (if kn | iown) | | | | | Check if this is an amended filing |
| | | | | | | amended ming |
| \bigcirc t | ficial Fa | was 407 | | | | |
| | ficial Fo | | A.C | | | |
| Sta | atement | of Financial | Attairs for Indivi | iduals Filing for B | ankruptcy | 4/10 |
| | | | | are filing together, both are | | |
| | | nore space is needed m). Answer every que | • | o this form. On the top of an | y additional pages, write y | our name and case |
| | <u> </u> | , | | | | |
| Par | t 1: Give I | Details About Your Mi | arital Status and Where Yo | ou Lived Before | | |
| 1. | What is you | ır current marital statı | us? | | | |
| | ☐ Married | d | | | | |
| | ■ Not ma | rried | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | n where you live now? | | |
| | _ | ,, | , | | | |
| | ■ No | | | | | |
| | ☐ Yes. Li | st all of the places you | lived in the last 3 years. Do | not include where you live nov | I. | |
| | Debtor 1 P | rior Address: | Dates Debtor lived there | 1 Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| 3. | Within the I | ast 8 years, did you e | ver live with a snouse or le | egal equivalent in a commur | ity property state or territ | ory? (Community property |
| | | | | evada, New Mexico, Puerto R | | |
| | . | | | | | |
| | ■ No □ Yes. M | aka sura yau fill aut Sa | hedule H: Your Codebtors (| Official Form 106H) | | |
| | LI TES. IVI | ake sure you iiii out Sc | nedule n. Your Codebiors (| Jiliciai Foitii 100H). | | |
| Par | t 2 Expla | in the Sources of You | ır Income | | | |
| | Did hav | | | | | landar was 2 |
| 4. | | | | ing a business during this you I all businesses, including part | | iendar years? |
| | | | | ive together, list it only once un | | |
| | ■ No | | | | | |
| | _ | II in the details. | | | | |
| | | | Dobtor 1 | | Dobtor 2 | |
| | | | Debtor 1 | Cuana ina suus | Debtor 2 | Crean in same |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | | | | |

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|). | Include and oth | inco ner pu | me regard ublic bene | dless of wheth fit payments; | ner that inco pensions; r | ome is taxable. Ex rental income; inte | xamples of erest; divid | other income are ends; money colled together, list it | alimon ected fr | om lawsuits; | royalties; ar | | |
|------------|-----------------------------------|---------------------------------|--|--|---|---|----------------------------|--|--------------------|------------------------------|------------------------------|---|-----------|
| | List ead | ch so | urce and | the gross inco | me from e | ach source separa | ately. Do r | ot include income | that yo | ou listed in lir | ne 4. | | |
| | | 0 | | | | | | | | | | | |
| | ■ Ye | es. Fi | II in the de | etails. | | | | | | | | | |
| | | | | | Debtor 1 | | | | De | btor 2 | | | |
| | | | | | | of income below. | each | s income from source e deductions and sions) | So | urces of inc scribe below | | Gross incon (before dedu- and exclusion | ctions |
| | | | | nt year until nkruptcy: | SSI | | | \$4,361.00 | | | | | |
| | | | | | Link Ber | nefit | | \$1,302.00 | | | | | |
| | r last ca anuary 1 | | | 31, 2017) | SSI | | | \$7,320.00 | | | | | |
| | | | | fore that: 31, 2016) | SSI | | | \$5,330.00 | | | | | |
| Da | rt 3: | ict (| ortain Da | wmonts Vou | Made Ref | ore You Filed for | r Bankrun | tov | | | | | |
| ıα | | | | | | | - | icy | | | | | |
| S . | Are eit | | | | | rimarily consume | | ts. Consumer deb | .40 0 00 | dafinad in 11 | 1100 840 | 11(0) 00 "in our | d b., on |
| | | | | | | family, or househo | | | ns are | delined in Ti | 0.3.0. 9 10 | ri(o) as iliculted | a by an |
| | | [| During the | 90 days befo | re you filed | d for bankruptcy, o | did you pa | y any creditor a tota | al of \$6 | 6,425* or mo | re? | | |
| | | | □ No. | Go to line 7 | - | , , | | • | | | | | |
| | | | □ Yes | paid that cre | editor. Do r | | ents for do | of \$6,425* or more mestic support obli uptcy case. | | | | | |
| | | | * Subject | to adjustment | t on 4/01/19 | 9 and every 3 yea | ars after tha | at for cases filed or | n or aft | er the date of | of adjustmen | t. | |
| | ■ Ye | | | | | re primarily cons d for bankruptcy, o | | ts. y any creditor a tota | al of \$6 | 600 or more | ? | | |
| | | | ■ No. | Go to line 7 | | | | | | | | | |
| | | | ☐ Yes | | ments for c | domestic support | | of \$600 or more an s, such as child sup | | | | | |
| | Credit | tor's | Name an | d Address | | Dates of paym | ent | Total amount paid | An | nount you still owe | Was this | payment for | |
| · . | Insiders of which a busin alimony | s incl h you ness y y. | ude your i u are an of you opera | relatives; any fficer, director te as a sole p | general pa , person in roprietor. 1 | rtners; relatives o control, or owner | of any gene of 20% or | nt on a debt you over all partners; partners; partners of their votin ments for domestic | erships ng secu | s of which your ities; and a | ou are a gene ny managing | eral partner; corp gagent, including | g one for |
| | | | st all payr lame and | nents to an in | sider. | Dates of navm | ent | Total amount | ۸۰ | nount you | Reason f | or this navment | |
| | msiae | a S N | iaine and | Auuress | | Dates of paym | ICIIL | paid | An | nount you still owe | Reason I | or this payment | |

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Case number (if known) Debtor 1 Michael J Poremskis

| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer ar | ny property or | account of a d | ebt that benefited an |
|-----|--|-----------------------------|-------------------------------------|------------------------|-------------------------|---|
| | ■ No | | | | | |
| | Yes. List all payments to an insider | Data a funcional | T-1-1 | A | | 4.1 |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment litor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| | CAPITAL ONE BANK v. MICHAEL | Civil | Cook County cou | | ■ Pending | |
| | POREMSKIS 2018-M6-000559 | | 50 W Washington Chicago, IL 6060 | | ☐ On appe | eal |
| | 2010-100-000339 | | Chicago, IL 6000 | 2 | ☐ Conclud | led |
| 11. | Yes. Fill in the information below. Creditor Name and Address Within 90 days before you filed for bankrul accounts or refuse to make a payment bed | | | Da ancial instituti | | Value of the property amounts from your |
| | ■ No | , | | | | |
| | Yes. Fill in the details. Creditor Name and Address | Describe the action the | e creditor took | | te action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | erty in the possessic | | | efit of creditors, a |
| | _ | inother official: | | | | |
| | ■ No □ Yes | | | | | |
| Pa | rt 5: List Certain Gifts and Contributions | | | | | |
| | | | | . C | | • |
| 13. | Within 2 years before you filed for bankrup No | otcy, did you give any gift | s with a total value o | of more than \$ | 600 per person | ? |
| | Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | | tes you gave e gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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Case number (if known) Document Debtor 1 Michael J Poremskis

| 14. | Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or or | | | ns with a tota | value of more than | \$600 to any charity? |
|-----|---|-----------------------|--|-------------------------|--|--------------------------|
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | total | Describe what you contributed | | Dates you contributed | Value |
| Pai | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or | since you filed for bankruptcy, did y | you lose anytl | ning because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the letthe amount that insurance has paid. Let ce claims on line 33 of Schedule A/B: | List pending | Date of your loss | Value of property lost |
| Do | t 7: List Certain Payments or Transfer | | ce claims on line 33 of 3cheddle A/B. | r τορ ο τιγ. | | |
| 16. | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details. | preparin | g a bankruptcy petition? | | | rty to anyone you |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any prop transferred | perty | Date payment or transfer was made | Amount of payment |
| | STAHULAK & ASSOCIATES, L.L.C 53 W. Jackson Blvd., Suite 652 Chicago, IL 60604 | | \$1,425.00 (\$1,368.00 atty fee + credit report) | \$57.00 | 2/25/17-4/24/1 8 | \$1,425.00 |
| | Allen Credit & Debt Counseling PO Box 195 Wessington, SD 57381 | | \$25.00 credit counseling | | 7/24/18 | \$25.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that | ditors or | to make payments to your creditor | | r transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | perty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al No Yes. Fill in the details. | ur busine s made a | ess or financial affairs? as security (such as the granting of a s | | | |
| | Person Who Received Transfer Address Person's relationship to you | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |

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Debtor 1 Michael J Poremskis

| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | y property to | a self-settle | ed trust or similar device | e of which you are a |
|-----|---|--|-----------------------|---------------|--|------------------------|
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the p | roperty trans | sferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Deposit | Boxes, and | Storage Uni | ts | |
| 20. | Within 1 year before you filed for bankrupto; sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association. | or other financial accour | nts; certificat | tes of depos | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accinstrument | | closed, sold, moved, or transfer transferred de deposit box or other depository for securities, cribe the contents Do you still have it? | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | bankruptcy, | , any safe de | posit box or other depo | sitory for securities, |
| | П. М. | | | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | |
| | Midwest Bank 9500 S Pulaski Rd Oak Lawn, IL 60453 | No others have a | access. | Empty, r | no contents. | □ No ■ Yes |
| 22. | Have you stored property in a storage unit of | or place other than your | home withir | າ 1 year befo | re you filed for bankrup | itcy? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that so for someone. | meone else owns? Inclu | ude any prop | erty you bor | rowed from, are storing | for, or hold in trust |
| | No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| | | | | | | |

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Debtor 1 Michael J Poremskis

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

| | | means any location, facility, or propert wn, operate, or utilize it, including dispo | • | aw, v | whether you now own, operate, | or utilize it or used | |
|-----|--------|--|--|----------|--|-----------------------|--|
| | | ardous material means anything an env ardous material, pollutant, contaminant | | was | te, hazardous substance, toxic s | substance, | |
| Rep | ort al | I notices, releases, and proceedings th | at you know about, regardless of wher | ı they | occurred. | | |
| 24. | Has | any governmental unit notified you tha | t you may be liable or potentially liable | unde | er or in violation of an environme | ental law? | |
| | | No Yes. Fill in the details. | | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | |
| 25. | Have | e you notified any governmental unit of | any release of hazardous material? | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | |
| 26. | Have | you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case | |
| Pa | rt 11: | Give Details About Your Business or | Connections to Any Business | | | | |
| 27. | With | in 4 years before you filed for bankrupt | cy, did you own a business or have an | y of 1 | the following connections to any | / business? | |
| | | \square A sole proprietor or self-employed i | n a trade, profession, or other activity, | eithe | er full-time or part-time | | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnersh | ip (Ll | LP) | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | |
| | | No. None of the above applies. Go to I | Part 12. | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | . | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | |
| | | Iress nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number or ITIN. | |
| | | | | | | | |

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Case number (if known) Document Debtor 1 Michael J Poremskis 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael J Poremskis Signature of Debtor 2 Michael J Poremskis Signature of Debtor 1 **Date** July 31, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

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Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | | | · · | |
|---------------------|--|-----------------------------|----------------------------------|---|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Michael J Porems | kis | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| If you are an ind | lividual filing under cha | pter 7, you must fill out t | uals Filing Under | Chapter 7 12/15 |
| _ | ve claims secured by yo | | | |
| You must file th | is form with the court w ever is earlier, unless th | | ile your bankruptcy petition or | by the date set for the meeting of creditors, it copies to the creditors and lessors you list |
| | eople are filing togethe nd date the form. | r in a joint case, both are | e equally responsible for supply | ring correct information. Both debtors must |
| • | and accurate as possib our name and case nu | • | ded, attach a separate sheet to | this form. On the top of any additional pages, |

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 | Michael J Poremskis | Case number (if I | (nown) |
|-----------------------|---|---|---|
| name: | | ☐ Retain the property and redeem it. | □Yes |
| Descrip | otion of | ☐ Retain the property and enter into a Reaffirmation Agreement. | |
| propert | y | ☐ Retain the property and [explain]: | |
| securin | g debt: | | |
| | | | |
| | List Your Unexpired Personal Property | Leases ou listed in Schedule G: Executory Contracts and Une | voired Leases (Official Form 106G) fill |
| in the info | rmation below. Do not list real estate le | ases. Unexpired leases are leases that are still in effect lease if the trustee does not assume it. 11 U.S.C. § 36 | ct; the lease period has not yet ended. |
| Describe | your unexpired personal property lease | es | Will the lease be assumed? |
| Lessor's r | name: | | □ No |
| | n of leased | | |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | n of leased | | ☐ Yes |
| Lessor's r | name. | | □ No |
| | on of leased | | LI NO |
| Property: | | | ☐ Yes |
| Lessor's r | name: | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| l 0000#10 m | ama: | | |
| Lessor's r | name. on of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| | | | |
| Lessor's r | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Part 3: | Sign Below | | |
| Under ner | nalty of perjury I declare that I have indi | cated my intention about any property of my estate th | at secures a debt and any nersonal |
| | hat is subject to an unexpired lease. | outed my intermediabout any property of my estate th | at secures a dest and any personal |
| | Michael J Poremskis | X | |
| | nael J Poremskis | Signature of Debtor 2 | |
| Sign | ature of Debtor 1 | | |
| Date | July 31, 2018 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-21525 Doc 1 Filed 07/31/18 Entered 07/31/18 16:44:07 Desc Main Document Page 44 of 47

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | | | Case No. | |
|-------|--|---|-----------------|-------------------------------------|
| | De | ebtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSATION | OF ATTORNEY | FOR DE | CBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | |
| | For legal services, I have agreed to accept | | \$ | 1,368.00 |
| | Prior to the filing of this statement I have received | | \$ | 1,368.00 |
| | Balance Due | | \$ | 0.00 |
| 2. | \$0.00 of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm | | | pers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | ase, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. | | | |
| | CERTIFIC | CATION | | |
| | I certify that the foregoing is a complete statement of any agreement of bankruptcy proceeding. | r arrangement for payme | nt to me for re | epresentation of the debtor(s) in |
| | luly 31, 2018 /s/ | Thomas G. Stahulak | | |
| _ | Date Th | omas G. Stahulak 628 | 8620 | |
| | | <i>nature of Attorney</i> ahulak & Associates, L | .L.C. / GetFi | led |
| | 53 | W. Jackson Blvd., Sui | | |
| | | iicago, IL 60604 I2) 662-1480 Fax: (31 | 2) 268-7328 | i |
| | ec | f@stahulakandassocia me of law firm | | |
| | 140 | oj van juni | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Michael J Poremskis | | Case No. | |
|-------|--|---|------------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VERIFIC | CATION OF CREDITOR M | IATRIX | |
| | Number of Creditors: | | | 20 |
| | The above-named Debtor(s) hereb (our) knowledge. | by verifies that the list of credit | tors is true and | correct to the best of my |
| Date: | July 31, 2018 | /s/ Michael J Poremskis Michael J Poremskis Signature of Debtor | | |

BLITT & GAINES P C 661 GLENN AVE Wheeling, IL 60090

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citibank NA 701 E 60th St North Sioux Falls, SD 57117

Citibank/Sears
Attn: Bankruptcy
Po Box 6275
Sioux Falls, SD 57117

Franciscan Alliance, Inc 37653 Eagle Way Chicago, IL 60678

Franciscan Health 20201 South Crawford Avenue Olympia Fields, IL 60461

Home Depot Credit Services Processing Center Des Moines, IA 50364

Home Depot/CitiBank PO BOX 6497 Sioux Falls, SD 57117

Little Company of Mary Hospital 2800 W. 95th St. Evergreen Park, IL 60805

Little Company of Mary Hospital PO Box 97677 Chicago, IL 60678

Mount Sinai Hospital 1905 Paysphere Circle Chicago, IL 60674 Mount Sinai Hospital 36465 Network Place Chicago, IL 60673

Mount Sinai Hospital 26465 Network Place Chicago, IL 60673

Oak Forest Hospital 15900 S. Cicero Ave. Oak Forest, IL 60452

Portfolio Recovery Po Box 41021 Norfolk, VA 23541

Us Bank Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201

US Bank 425 Walnut St. Cincinnati, OH 45202-3956

US Bank PO BOX 1800 Saint Paul, MN 55101

US BANK NATIONAL ONE HOME CAMPUS MAC X2302 04C Des Moines, IA 50328

US Bank/RMS CC Attn: Bankruptcy Po Box 5229 Cincinnati, OH 45201